



REGISTRATION FOR ACCESS TO OBTAIN
NAME-BASED CRIMINAL HISTORY CHECKS

State Form 53324 (7-07) / CW 3611
DEPARTMENT OF CHILD SERVICES

Region number

Name as you want it to appear in the database		
Formal name (if different from above)		
Date of hire (month, day, year)	Job position	County
<p>Please complete each of the following:</p> <p>1. Challenge question (please choose one only)</p> <p><input type="checkbox"/> Mother's maiden name: _____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Name of high school attended: _____</p> <p>2. _____</p> <p style="text-align: center;">(First name initial) (Last name initial) (Last four digits of your Social Security number)</p> <p>(Example: John Doe 123-45-6789 = JD6789)</p>		
Signature		Date (month, day, year)
Printed name		